

IN THE COMMON PLEAS COURT OF GREENE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION

Plaintiff

CASE NO. _____

Judge Martin
Magistrate _____

-vs-

Defendant.

**Motion for Contempt and
Affidavit In Support**

Now comes _____, Plaintiff/Defendant,
and moves this Honorable Court to hold _____,
Plaintiff/Defendant in Contempt of this Court for disobeying a previous Order of this
Court or an Administrative Order of Support. The reason for this request is:

1. Interference with parenting time or other parenting orders filed on _____ (date).
2. Failure to pay child support, as required by the order filed on _____ (date)
and the total arrearage owed is \$ _____
*(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency
showing the amount of the child support owed to you.)*
3. Failure to pay spousal support, as required by the order filed on _____ (date)
and the total arrearage owed is \$ _____
*(Bring to the hearing an up-to-date printout from the County Child Support Enforcement Agency
or other independent proof showing the amount owed to you.)*

4. Payment or reimbursement of health care expenses incurred for the minor child(ren). Attach an Explanation of Health Care Bills (Uniform Domestic Relations Form 26) and bring to the hearing the following documents:
- a. Copies of each bill for which you seek reimbursement;
 - b. Proof of payment by you. Proof of payment may include a receipt for payment signed by the health care provider, a copy of a cancelled check, or a copy of a credit card statement verifying the amount paid; and
 - c. Explanation of Benefits forms showing payment made by the health insurance carrier.
5. Failure to comply with the Court's orders of _____ (date) regarding (check all that apply):
- Transfer of real estate, as follows: _____
 - Payment of debt, as follows: _____
 - Refinance of debt, as follows: _____
 - Distribution of personal property, as follows: _____
 - Other (specify): _____
6. Costs and any other relief as necessary and proper are also requested.

Respectfully Submitted by:

Signature

Typed or Printed Name

Telephone Number - Mandatory

E-mail address – Mandatory

Street Address - Mandatory

City and State, Zip Code

AFFIDAVIT OF CIRCUMSTANCES

Affiant states that the court order(s) dated _____ have/has been violated as follows:

I _____, hereby swear and affirm the information set forth in this Affidavit is true, complete and accurate.

AFFIANT

SWORN to and SUBSCRIBED before me this ____ day of _____, 20__.

NOTARY PUBLIC

**IN THE COMMON PLEAS COURT OF GREENE COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS**

	:	Case No. _____
	:	
	:	Judge Cynthia Martin
	:	
DOB: _____	:	
Plaintiff,	:	
-vs-	:	
	:	<u>ORDER TO APPEAR AND</u>
	:	<u>SHOW CAUSE</u>
	:	
	:	
DOB: _____	:	
Defendant.	:	

_____ is ordered to appear on _____, 20____, at _____m., before Magistrate/Judge _____ and show cause why he should not be held in contempt for failure to comply with the prior Orders of this Court as specified in the Motion and Affidavit.

JUDGE

- Pursuant to O.R.C. 2705.031, you are notified of the following:
- a. Your failure to appear at the contempt hearing may result in the issuance of an order for arrest.
 - b. Because the Court may impose a sentence of indefinite confinement for civil contempt (to force compliance) and/or definite confinement for criminal contempt (to punish non-compliance); you have the right to be represented by legal counsel in this matter. If you believe that you are indigent, you must apply for a public defender within 3 business days after receipt of the attached summons. The address of the Greene County Public Defender's office is 90 E. Main Street, Xenia, Ohio, or may be reached by telephone at 937-562-5041.

- c. The Court may refuse to grant a continuance at the time of the hearing for the purpose of your obtaining counsel, if you fail to make a good faith effort to retain counsel or to obtain a public defender.

If you are found guilty of contempt, you could be sentenced to:

- 1) for a first offense, a fine of not more than Two Hundred Fifty Dollars (\$250), a definite term of imprisonment of not more than thirty (30) days in jail, or both;
- 2) for a second offense, a fine of not more than Five Hundred Dollars (\$500), a definite term of imprisonment of not more than sixty (60) days in jail, or both, or,
- 3) for a third offense, a fine of not more than One Thousand Dollars (\$1,000), a definite term of imprisonment of not more than ninety (90) days in jail, or both, for a third or subsequent offense.
- 4) The court may grant you limited driving privileges under 4510.021 of the Revised Code if your driver's license was suspended based on a notice issued by a child support enforcement agency, because you are in default under a child support order or you have failed to comply with a subpoena or warrant issued by a court or agency with respect to a proceeding to enforce a child support order. You must request limited driving privileges and your request must be accompanied by a recent copy of your driver's abstract driving record from the registrar of motor vehicles.

**IN THE COURT OF COMMON PLEAS, GREENE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION**

_____,

PLAINTIFF

v.

_____,

DEFENDANT

CASE NO. _____

JUDGE MARTIN

MAGISTRATE _____

NOTICE OF HEARING

PLEASE TAKE NOTICE THAT THE _____

(Name of Motion)

will be heard on the _____ day of _____, **20**__, at _____ **AM/PM**
before **Judge/Magistrate** _____ in the Greene County Court of Common
Pleas, Division of Domestic Relations, 595 Ledbetter Road; Xenia, Ohio 45385.

Failure to appear as scheduled herein at the appointed time and date may result in the case proceeding without your attendance, dismissal of your pleadings/motions, or other appropriate sanctions.

Assignment Commissioner

Service of Copy Upon:

(Plaintiff/1st Petitioner Name)

(Defendant/2nd Petitioner Name)

(Street Address)

(Street Address)

(City, State, Zip)

(City, State, Zip)

(Telephone Number)

(Telephone Number)

(Email Address)

(Email Address)



**GREENE COUNTY CLERK OF COURTS
ANDREW J. WILLIAMS, Clerk**

INSTRUCTIONS FOR SERVICE

TO: THE GREENE COUNTY CLERK OF COURTS

CASE NO. _____

YOU ARE INSTRUCTED TO MAKE SERVICE BY (select method):

PERSONAL CERTIFIED MAIL REGULAR MAIL

OTHER _____

UPON:

NAME: _____

ADDRESS:

SPECIAL INSTRUCTIONS FOR SERVER: Please serve the above party with a copy of the: Motion for Contempt, Affidavit, Order to Appear and Show Cause, and Notice of Hearing

Attorney/Pro Se: _____
(Sign here)

Name of Child: _____

Case No. _____

Instructions: This form is used when you are claiming the other party has not paid health care bills. **Use a separate form for each child.** A Motion for Contempt and Affidavit (Uniform Domestic Relations Form 21) and a Show Cause Order, Notice and Instructions to the Clerk (Uniform Domestic Relations Form 22) must be filed. You must bring copies of health care bills, Explanation of Benefits forms, and proof of payment to the hearing. Be prepared to indicate the amount owed to you, service providers, collection agencies, or other entities. **If more space is needed, add additional pages.**

EXPLANATION OF HEALTH CARE BILLS

<u>Date of Treatment</u>	<u>Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) & Services Provided</u>	<u>Total Bill</u>	<u>Date Bill Sent to Other Party</u>	<u>Amount Insurance Paid</u>	<u>Amount You Paid</u>	<u>Amount Paid by Other Party</u>	<u>Amount of Unpaid Bill</u>	<u>Amount Due from Other Party</u>

Total Amount of Claim \$ _____

Your Signature

Date

**PROPER DRESS
REQUIRED TO ENTER
COURTROOM.
NO MUSCLE SHIRTS, TANK
TOPS, SHORTS,
OR CUT-OFFS.**

**ANY CLOTHING OF THIS
TYPE IS NOT PERMITTED**

****Court Personnel has discretion to decide if
you are dressed appropriately**